

DATE _____

TO: _____

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I would like a copy of my eye prescription, also
I would appreciate if you could give me the approval
so my family can send me a glasses from the streets.
Thank you very much

(Use other side of page if more space is needed)

NAME: Anthony AllenNo.: 40428-053Work assignment: unicorUnit: 3A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 7/29/99

See attached

Metzger
Officer



CD FRM

BP-S148.70

Oct. 1986

INMATE REQUEST TO STAFF MEMBER

FCI MCNEAN HEALTH SVC.

P.S. 5511.05

March 3, 1994

Attachment A-Page 1

U.S. DEPARTMENT OF JUSTICE

99 JUN 14 AM 7:23

FEDERAL BUREAU OF PRISONS

TO:

Dr. or PA: Hospital

DATE:

June 14/99

[Name and Title of Staff Member]

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done. [Give details]

Good day, About Four (4) months ago I wrote you concerning my GLASSES and you told me I am on the waiting list, but all I need is a copy of the same glass because I knew that my vision is the same. Hoping for your earliest reply.

Thank you very much.

[Use other side of page if more space is needed]

NAME:

Anthony Allen

NUMBER:

40428-053

WORK ASSIGNMENT:

Unicorn

UNIT:

3A

NOTE: If you follow instructions in preparing your request it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: [Do not write in this space]

It is the optometrist who may refuse to make glasses from an old prescription but your copy is attached

Staff Member Signature

C. Rymet, RN

Date

6/29/99

C. Rymet, RN

BP-S148.070 INMATE REQUEST TO STAFF MEMBER CDFRM

APR 94

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO:

PA

Hospital

DATE

March 18/99

(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

I lost my glass, and would like for you to replace it for me. Thank very much.

(Use other side of page if more space is needed)

NAME:

Anthony Allen

NO.:

40428-053

WORK ASSIGNMENT:

Unicorn

UNIT:

CA

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION:

Do not write in this space

DATE

3-19-99

Your name has been added to the waiting list. Please watch the call-outs.

Record Copy - File; Copy - Inmate

(This form may be replicated via WP) Replaces BP-148 of Oct 86

D. Tanner, HIT
Officer

D. Tanner, HIT

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

FCI MCKINLEY HEALTH SVC.
667 W 127 PM 12 99

DATE

10/26/97

TO:

The Hospital

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I would like for you to replace my glasses, it have been broken for the passed three (3) months. Thank you very much.

(Use other side of page if more space is needed)

NAME:

Anthony Allen

No.: 404 28053

Work assignment:

Unicorn

Unit: 3A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 10/31/97

The prescription in your medical record is approximately 1 1/2 yrs old. Your vision probably has changed, therefore I am placing your name on the list for the eye doctor.

Charles E. Church PHSA
Officer

INMATE REQUEST TO STAFF MEMBER

FCI MCKEAN HEALTH SVC.

97 AUG 15 AM 11:27

DATE

2/15/97

TO:

Hospital

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I would like to know the result
of my X-Ray. Thank you.

(Use other side of page if more space is needed)

NAME: Anthony Allen

No.: 40428053

Work assignment: Unicorn

Unit: 3A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE

9/5/97

Your x-ray was within normal limits

[Signature]

Officer

D. OLSON, M.D.
CLINICAL DIRECTOR

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

FCI MCKEAN HEALTH SVC.

97 AUG 21 PM 1:05

DATE

8/21/97

TO: Hospital

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I would like to get the
result of my X-Ray
thank you.

(Use other side of page if more space is needed)

NAME:

Anthony Allen

No.:

40428053

Work assignment:

unicon

Unit:

3A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE

8-22-97

X-ray of left knee taken 8-4-97 shows no fracture
or dislocation. There is no significant change from 6-15-95
examination (normal)

Officer

RAINFORD SAQUIN, M.D.
STAFF PHYSICIANOriginal - File
Canary - Inmate

Printed on Recycled Paper

Previous editions not usable

BP-148(55)
OCTOBER 1997

U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE 11/8/95TO To Dentist

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details.)

I would like my teeth to be
clean also xray. Thank you very
much

(Use other side of page if more space is needed)

NAME: Anthony AllenNo. 40428053Work assignment: unicor ASM IUnit: 3A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to properly handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 11-13-95

Your name is now on the dental
treatment list.

K. Williams CDA
Officer

DATE 9-2-94

TO: Dentist

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I would like my tooth to clean, xray,
And fill

(Use other side of page if more space is needed)

NAME: Anthony Allen

No.: 40928053

Work assignment: none as yet

Unit: 4 B

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 9-7-94

Your name is now on
the Dental treatment list.

X. Wilmore

Officer

INMATE REQUEST TO STAFF MEMBER

DATE 8-11-94

TO: RA

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I need a copy of my lab work

Blood result Thank you

(Use other side of page if more space is needed)

NAME: Anthony Allen

No.: 404 28 053

Work assignment: _____

Unit: _____

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 8-11-94

A copy was given to you on 8-11-94

MARCOS A. ANDUJAR
F.M.C. FORT WORTH, TX

[Signature]
Officer

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing *Memorandum of Law in Support of Motion to Dismiss, or in the Alternative, Motion for Summary Judgment*, was mailed, postage prepaid, this 7th day of July, 2005, to the following:

Anthony George Allen
Register No. 40420-053
FCI McKean
P.O. Box 8000
Bradford, PA 16701



JESSICA LIEBER SMOLAR
Assistant United States Attorney